

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 101618633	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep	2								
Total Depend	44								
Total Claims	46								

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Total Indep	0								
Total Depend	6								
Total Claims	6								

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